



PATIENT

Jameson
Hopfenspirger

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

13 Years

WEIGHT

30 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Jaclyn Lewis

INVOICE

13346

DATE

1/10/22

PRESENTING CLINICAL SIGNS

History: Patient presents for suspect splenic mass and proteinuria.

Abnormal PE/Chem/CBC/UA Results: Last blood work 7/2021. U/A 12/11/31: RBC 20-30, rare cocci, USG 1.059.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a mid-caudal ventral polyp, measuring 0.67 cm x 0.54 cm. The ventral bladder polyp was unremarkable with minor vascularity. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The residual prostate measured 1 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5 cm. The left kidney measured 5.87 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.68 cm x 0.58 cm at the caudal pole and 0.47 cm at the cranial pole. The right adrenal gland measured

Spleen

A complex mixed echogenic **splenic** mass (appears to be) was noted with cavitation. Surrounding free fluid noted. The mass measured approximately 10+ cm. Regional inflammation was noted. The mass appeared to envelop the vena cava. The cranial body of the spleen appeared to be the source of the mass, impinged upon the left liver.

Liver

The **liver** presented coarse architecture, heterogeneous parenchymal changes, largely expected for this age and breed. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy



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was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

Other

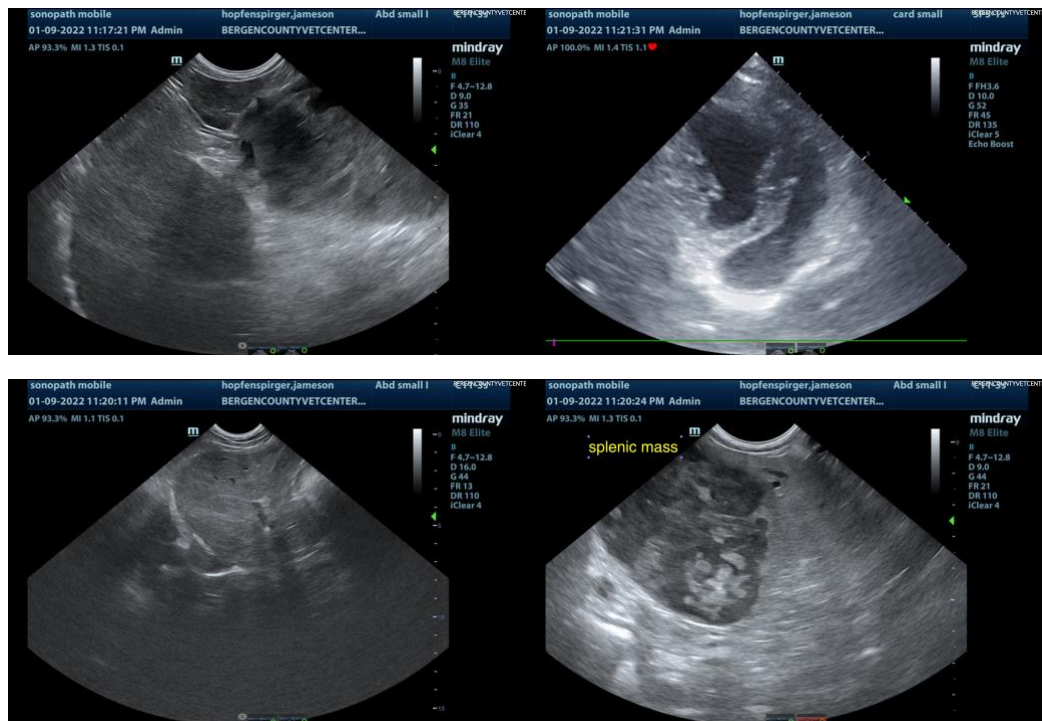
The right auricle and pericardium were free of evident pathology in a rapid view of the **heart**.

ULTRASONOGRAPHIC FINDINGS

- Cavitated and parenchymal splenic mass
- Age-related renal and pancreatic changes
- Urinary bladder polyp

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass appears to be deriving from the spleen, impinging upon the liver without overt evidence of metastatic disease. Cannot completely excluded liver involvement in this patient. However, appears to derive from the cranial body of the spleen as the parenchyma of the mass appears to initiate just cranial to the splenic hilus. Three-view chest radiographs followed by exploratory surgery, splenectomy and ventral bladder wall resection indicated. Polypoid hyperplasia of the bladder versus emerging transitional cell carcinoma.





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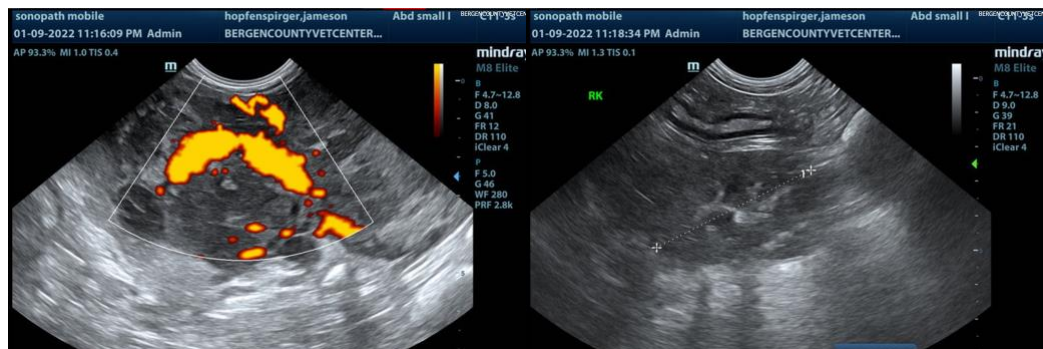
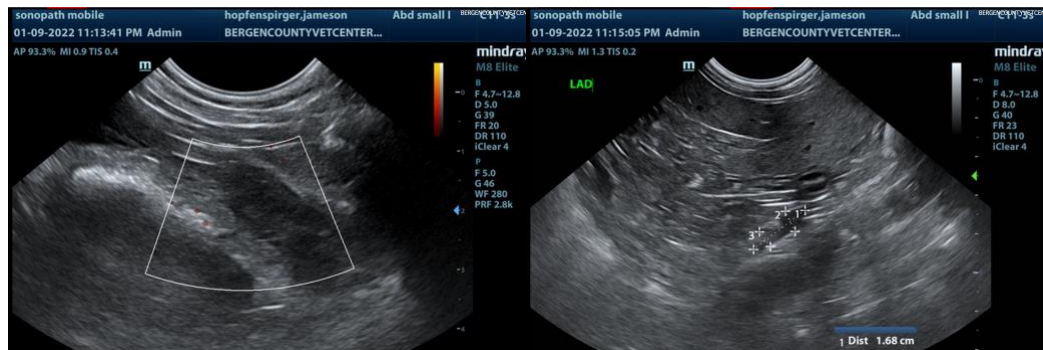
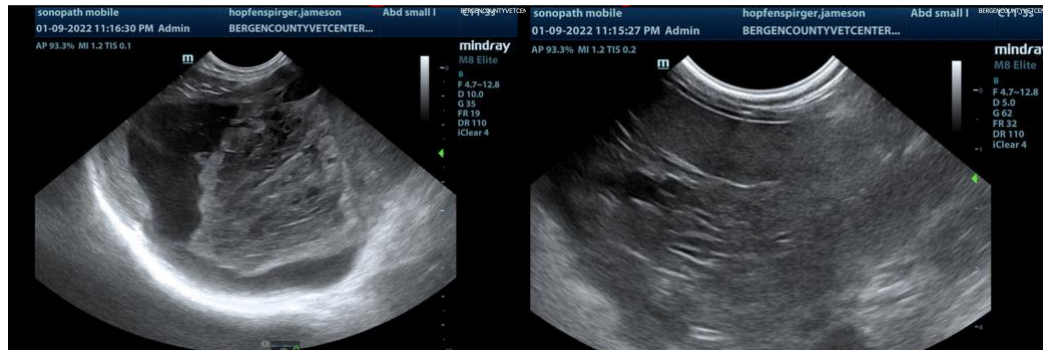
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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info@SonoPath.com

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